

HAND  
DELIVERED

UNITED STATES HOUSE OF REPRESENTATIVES  
2017 FINANCIAL DISCLOSURE STATEMENT

Form A  
For Use by Members, Officers, and Employees

LEGISLATIVE RESOURCE CENTER

18 APR 25 PM 1:32

(Office Use Only)  
OFFICE OF THE CLERK  
U.S. HOUSE OF REPRESENTATIVES

Name: David Wayne Lockhart Daytime Telephone: \_\_\_\_\_

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

FILER STATUS ☒ Member of the U.S. House of Representatives

State: IA  
District: 02

☐ Officer or Employee  
☐ Employing Office:

Staff Filer Type: (If Applicable)  
☐ Shared ☐ Principal Assistant ☐

REPORT TYPE ☒ 2017 Annual (Due: May 15, 2018)

☐ Amendment

☐ Termination  
Date of Termination: \_\_\_\_\_

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

<b>A. Did you, your spouse, or your dependent child:</b> a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <b>or</b> b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<b>F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?</b>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<b>G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$390 in value from a single source during the reporting period?</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?</b>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<b>H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$390 in value from a single source during the reporting period?</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?</b>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<b>I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?</b>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<b>ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"</b>	

IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS

<b>IPO</b> - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>TRUSTS</b> - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>EXEMPTION</b> - Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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**Use additional sheets if more space is required.**

# SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

*David Wayne Dobbs*

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BLOCK A Assets and/or Income Sources		BLOCK B Value of Asset													BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction				
SP, DC, JT	ASSET NAME	EF	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	P, S, S(part), or E	
	None																																				
	\$1-\$1,000																																				
	\$1,001-\$15,000																																				
	\$15,001-\$50,000																																				
	\$50,001-\$100,000																																				
	\$100,001-\$250,000																																				
	\$250,001-\$500,000																																				
	\$500,001-\$1,000,000																																				
	\$1,000,001-\$5,000,000																																				
	\$5,000,001-\$25,000,000																																				
	\$25,000,001-\$50,000,000																																				
	Over \$50,000,000																																				
	Spouse/DC Asset over \$1,000,000*																																				
	None																																				
	\$1-\$200																																				
	\$201-\$1,000																																				
	\$1,001-\$2,500																																				
	\$2,501-\$5,000																																				
	\$5,001-\$15,000																																				
	\$15,001-\$50,000																																				
	\$50,001-\$100,000																																				
	\$100,001-\$1,000,000																																				
	\$1,000,001-\$5,000,000																																				
	Over \$5,000,000																																				
	Spouse/DC Asset with Income over \$1,000,000*																																				



## Name: \_\_\_\_\_

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**INCOME LIMITS and PROHIBITED INCOME:** The 2017 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,765. The 2018 limit is \$28,050. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.

[illegible]

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[illegible]

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. **Exclude:** Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

[illegible]